

**REGISTRATION FORM**  
Therapist Skills-Training Group  
ACT for Mood, Anxiety and Chronic Pain

**September – November 2009**  
**Location: BCCBT 3020 Carbon Place, Suite 200, Boulder, CO 80301**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone : \_\_\_\_\_  
Email: \_\_\_\_\_  
Degree/License \_\_\_\_\_

Please pick the meeting time that most suits your schedule. ONLY pick a time that you are certain you can attend. If you can attend more than one meeting time, please number them in order of preference.

\_\_\_\_\_ Fridays from 9-11 am  
\_\_\_\_\_ Fridays from 12-2 pm  
\_\_\_\_\_ Fridays from 3-5 pm  
\_\_\_\_\_ Fridays from 4-6 pm

Cost of this group is \$100 per month. Each month contains 2 sessions for a total of 4 hours. Please make check payable to BCCBT.

_____ ACT for Depression (September 11/25 2009)	\$100
_____ ACT for Anxiety (October 9/23 2009)	\$100
_____ ACT for Chronic Pain (November 6/20 2009)	\$100

Total Payment Enclosed: \$\_\_\_\_\_

**OR**

\_\_\_\_\_ I have emailed this registration and will mail my check separately to:

BCCBT  
ATTN: ACT Skills Group  
3020 Carbon Place, Suite 200  
Boulder, CO 80301

**OR**

\_\_\_\_\_ I have paid for this group via paypal on the BCCBT website